QA34 – Encopresis

QUESTION:

One of my clients is a 6 year old boy with minor learning disabilities and normal physical functioning. His mother is concerned about his stooling habits, as he soils his clothes regularly. She describes him demonstrating 'the need' to eliminate stool while sitting quietly and watching TV after he comes home from school. She will ask him to 'go use the bathroom' and he will insist that he does not 'have to go'. She reports that about 15 minutes later his clothing will be soiled. She describes his stools as 'normal' in consistency and color and no extra effort is required for elimination. She asserts that he does not have encopresis because of the texture and regularity of his stools. His fluid and fiber intakes seemed to be OK on a quick assessment. I spoke with her about using a clock and establishing a regular schedule of 'bathroom time' right after school. We also discussed 'muscle training' and the need to establish regular habits of elimination.

What is the difference between encopresis and constipation? Could this boy have encopresis? Could there be some emotional component to his current stooling pattern that mom is not aware of?

What are the guidelines for accurate assessment of fluid and fiber intake? What would be the next step in general assessment? In nutrition assessment? What general intervention guidelines could I provide to mom?

ANSWER:

Some sources define constipation as difficulty with passage of stool (e.g., hard, dry stools) or infrequent bowel movements (e.g., more than ~3 days between bowel movements). [1] Encopresis has been defined as "constipation followed by cyclic episodes of soiling." [3] One author suggests that encopresis be categorized as "retentive" and "nonretentive." Fecal constipation, or retentive encopresis, may account for 85-90% of cases of encopresis and includes encopresis with organic causes. Children with nonretentive encopresis experience bowel movements of normal size and consistency, but soil on a daily basis. [2]

On quick assessment, the child described in the question above seems to fit into the category of nonretentive encopresis. No organic cause for soiling is described (although, consultation with a physician who has experience treating pediatric bowel disorders might be warranted). An emotional component that mom might not be aware of could certainly be involved. It is suggested that nonretentive encopresis occurs for a number of reasons: (1) lack of bowel training, (2) "toilet phobia," (3) using soiling to "manipulate" environment, and (4) irritable bowel syndrome.

The specific approach to treatment of encopresis varies from clinic to clinic. Once the acute symptoms (e.g., impaction) are addressed, attention can be focused on the contributing factors. Several issues must be addressed: (1) medical - any organic contributors, including neurologic function and GI tract physiology, (2) nutritional - adequate fiber and fluid intake, (3) behavioral - contributing factors including "toilet phobia" and battles over control, as well as other issues (e.g., disruptive behavior and

noncompliance). Some general treatment strategies include establishment of a regular toilet schedule (use of a timer is often suggested), use of positive reinforcement, and attention to diet (adequate fiber and fluid intake) and physical activity. Biofeedback and laxative medications are sometimes used as well.

The nutritionist can provide mom with suggestions for providing a food pattern with adequate amounts of fiber and fluid. General "rules of thumb" for fiber and fluid intakes for children older than 4 years are listed below:

- 0.5 grams fiber per kilogram body weight
- Age in years plus five (Thus, the guideline for a 6 year old child would be close to 11 grams of fiber per day.)
- If servings sizes are more descriptive than grams of fiber per day, one source suggests 6-8 servings of fruits and vegetables per day. (Appropriate serving sizes will depend on the child's age.)
- Suggested fluid intake is 6-8 glasses of fluid. (Again, the appropriate serving size will depend on the child's age.)

The next step for the child described above might be a physical exam and evaluation for nonretentive encopresis. Care should be taken to support mom through each step-making sure she understands the rationale behind the assessments and actions. General guidelines for adequate fiber and fluid intake could be provided and she should be supported in her efforts to provide a scheduled "bathroom time" after school. This time should not be stressful (to her or to her son), and the time spent in the bathroom should not be longer than 5 minutes.

References:

1) ADA. Pediatric Manual of Clinical Dietetics. 1998.
2) Kuhn BR et al. Treatment guidelines for primary nonretentive encopresis and stool toileting refusal. American Family Physician, April 15, 1999. <http://www.aafp.org/afp/990415ap/2171.html> accessed 12/7/99
3) Pyles CM and Gray J. Encopresis: an algoritmic approach. Physician Assistant, July 1997, 21(7): 56.